

MEDICAID INTEGRITY INSTITUTE FY-16 TRAINING CALENDAR

COURSE OVERVIEW

Basic Skills and Techniques in Medicaid Fraud Detection Program	November 3-5, 2015
HCPPro's Evaluation and Management Boot Camp	December 1-2, 2015
Program Integrity Fundamentals Program	December 8-11, 2015
Pharmacy Symposium Postponed – Date TBD	January 12-14, 2016
Specialized Skills and Techniques in Medicaid Fraud Detection	January 26-28, 2016
HCPPro's Certified Coder Boot Camp-Original Version	February 8-12, 2016
Emerging Trends in Medicaid	February 23-25, 2016
Program Integrity Leadership Forum	March 8-11, 2016
HCPPro's Certified Coder Boot Camp-Original Version	March 21-25, 2016
Managed Care Oversight Seminar	March 29-31, 2016
Coding for Non-Coders	April 5-7, 2016
Interactions between Medicaid Fraud Control Units and Program Integrity Units	April 13-14, 2016
Basic Skills and Techniques in Medicaid Fraud Detection Program	May 10-12, 2016
Medicaid and Medicare Collaboration Medicaid Provider Enrollment Seminar	May 24-26, 2016
Faculty Development Seminar	June 7-9, 2016
HCPPro's Certified Coder Boot Camp-ICD-10 CM and ICD-10 PCS (In 2016, the title will revert back to the "Inpatient Boot Camp")	June 20-24, 2016
Managed Care Oversight Seminar	July 12-14, 2016
Specialized Skills and Techniques in Medicaid Fraud Detection	July 26-28, 2016
Coding for Non-Coders	August 2-4, 2016
Advanced Data Expert Symposium	August 16-18, 2016
Medicaid Provider Enrollment Seminar	September 13-15, 2016

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COURSE DESCRIPTIONS

Basic Skills and Techniques in Medicaid Fraud Detection

This course is designed to enhance the fundamental investigatory and analytical skills of state Medicaid employees to maximize the effectiveness of program integrity efforts to detect health care fraud, waste, and abuse. Attendees will participate in a combination of lectures, demonstrations, discussions, and individual workshop exercises. Topics will include initial review, ongoing analysis and data collection, referral decision-making, and creation of case action plans. Attending this course at the MII and passing the post course test are prerequisites to earning the Certified Program Integrity Professional (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the Basic Skills' course content. These requirements will not be waived.

HCPPro's Evaluation and Management Boot Camp

This boot camp will teach the fundamentals and intricacies of E/M coding and how to perform effective E/M audits. The course goes beyond the basics and dives right into the many gray areas of E/M to expose conflicting information between CMS and local carriers. This intensive training course is geared to both coding and auditing professionals, and will show you how to evaluate documentation relative to national and local carrier guidelines with a strong emphasis on interpreting rules accurately and maximizing E/M audits. A copy of the course outline is included with the announcement email. The last day of the program will explore the impact of electronic health records on state program integrity efforts and the importance of collaborative efforts within Medicaid.

This program is designed for Medicaid Program Integrity employees who review and/or audit the evaluation and management component of professional services, e.g., physicians, as part of their jobs.

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Program Integrity Fundamentals

This basic course is designed as an introduction to program integrity functions within state Medicaid units. The agenda will include basic information on the Medicaid program, its history, important functions, and processes. Students will have the opportunity to participate in a variety of learning environments including plenary sessions and facilitated small group discussions about hot topics in fraud, waste, and abuse.

This survey course is designed for the following state Medicaid employees:

- entry level or new (less than two years) PI employees (those who perform PI tasks, such as first line investigators and clinicians, program managers and specialists, and non clinical case reviewers); and
- other state Medicaid employees who would benefit from understanding the functions and goals of PI, including employees who work in contracts, enrollment, policy, and program sections.

Attending this course at the MII (If the student has less than two years with Program Integrity) and passing the post course test are prerequisites to earning the *Certified Program Integrity Professional* (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the *Basic Skills'* course content. These requirements will not be waived. Students who meet the two-year requirement may test out of this class.

Pharmacy Symposium

Course description TBD

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Specialized Skills and Techniques in Medicaid Fraud Detection

This course will explore common and emerging health care fraud schemes, discuss how to utilize evidence-gathering techniques from a variety of sources, review successful interviewing techniques, address elements of report writing, and thoroughly examine the steps to prepare a case for referral to Medicaid Fraud Control Units (MFCU). Attendees will participate in a combination of lectures, demonstrations, discussions, and workshop exercises.

Candidates should have three or more years of specialized work experience in Medicaid fraud detection and/or should have completed the MII's Basic Skills and Investigation Techniques or the Basic Skills in Medicaid Fraud Detection. Participants selected for this training will be expected to complete a pre-course document review and writing assignment, to complete a pre-test, and to participate in interviewing and witness role-play practical exercises. This is one of the core classes required for the Certified Program Integrity Professional (CPIP) credential. Students accepted for attendance will be required to take a pre-test at the MII to assess current knowledge of Program Integrity concepts and a post-test at the end of the course to determine mastery of the Specialized Skills' course content. These requirements will not be waived.

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HCPPro's Certified Coder Boot Camp – Original Version

The Certified Coder Boot Camp is a comprehensive five day course designed to teach the fundamentals of CPT, ICD-9 and HCPCS Level II coding you need for all medical and surgical specialties. Using a combination of lecture, class discussion, and coding exercises, this intensive five-day course gives you the tools and confidence you need for all medical and surgical specialties, whether you are a new or veteran coder. This course will provide all the preparation needed for the American Academy of Professional Coders' (AAPC) exam. This course will also provide a solid foundation in coding principles and proper coding manual usage. Although coding experience is not necessary, students must have a **solid understanding of medical terminology**. This training will **not** teach medical terminology.

The Centers for Medicare and Medicaid Services (CMS) believes that it would be in the best interest of the Federal Government to pay for the CPC certification process; therefore, CMS is also committed to paying for the American Academy of Professional Coders (AAPC) one year membership, AAPC's Certified Professional Coder (CPC) Exam, and ground and/or air transportation to and from the closest exam location for each participant completing the one week residential program at the MII. ***Although this is no longer mandatory, it is highly encouraged.***

Emerging Trends in Medicaid

Course description TBD

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Program Integrity Leadership Forum

This introductory course provides an opportunity for state program integrity employees to recognize and develop leadership strengths. The training will offer a combination of lectures, small group discussion, and case study analysis. Prior to attending the course, students will take a behavioral assessment and read a book on leadership. The course will address the importance of good communication skills and motivational techniques. It will also offer opportunities for students to practice and evaluate their skills, review the concepts behind the behavioral assessment tool, and develop leadership plans. Speakers will discuss conflict resolution methods with follow up practicums.

Prior to the class, participants will submit case scenarios describing work-specific issues. The MII will combine and edit the scenarios, which will be used to practice conflict resolution tactics during facilitated small group discussions. Throughout the class, students will work on composing a personal action plan to implement upon return to their jobs. Distance learning sessions will be scheduled for the participants after the course adjourns.

Managed Care Oversight Seminar

This seminar is designed for Medicaid Program Integrity employees in states that have adopted a managed care model for some or all of their health care delivery. Attendees will be from states just beginning in managed care and from states that have long experience in the managed care model. The faculty will address questions related to program integrity oversight of managed care organizations. The oversight topics include encounter data, dual eligibles, audits, trends, fee for service and managed care, contracts, financials, behavioral health and chemical dependence issues. The course presentations will focus on identifying vulnerabilities and recognizing risks in order to detect health care fraud, waste, and abuse in the managed care environment. Topics suggested on the nomination forms will be addressed when requested by a large number of students. Attendees will participate in a variety of learning situations including lectures, discussions, and workshop exercises. Priority for acceptance will be given to those students who agree to disseminate course information, make a presentation, etc., to colleagues describing what they learned from the class.

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Coding for Non-Coders

Coding for Non-Coders is an innovative new course offered by the MII to Program Integrity employees who are not coders and do not wish to sit for the national coding certification. It is designed for people who would benefit from a basic understanding of coding principles to assist them in reviewing records and understanding the coders' analysis. This will be a survey course designed to provide an overview of medical terminology, HCPCS codes, CPT codes with an emphasis on E&M codes, ICD-9 codes with a short introduction to ICD-10, as well as opportunities to apply the coding rules to case scenarios and hypotheticals about fraud, waste, and abuse. There will be no restriction based on job description or number of years experience.

Interactions between Medicaid Fraud Control Units and Program Integrity Units

This two-day program offers state Medicaid Program Integrity Directors, or their designees, and Medicaid Fraud Control Unit Directors, or their designees, an opportunity to exchange ideas on building and maintaining effective relationships between state program integrity units and MFCUs to combat fraud, waste and abuse in Medicaid. This symposium is the first of its kind designed to bring together both PI and MFCU staff. Speakers will discuss a variety of trends and issues, including data mining, failure of care/quality of care cases, global settlements, payment suspensions, and CMS referral performance standards. During the course, each participant will be assigned to a group to discuss successes, challenges, strategies and best practices models for collaboration with stakeholders.

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Faculty Development Seminar

During this course, participants will explore teaching-learning goals, strategies, methods, styles, and peer review critiquing processes to improve their skills as faculty lecturers, facilitators and panelists. This course focuses on how to formulate objectives; select and organize content for instruction and materials for distribution; present information effectively, using multifaceted methods (lecture, panel, workshop); handle questions effectively during presentations; create and use PowerPoint/visual aids; and generate interaction in small group discussion.

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HCPPro's Certified Coder Boot Camp-ICD-10-CM & ICD-10-PCS (Formerly HCPPro's Inpatient Boot Camp)

This class will provide comprehensive education on ICD-10-CM and ICD-10-PCS. Class will begin with an introduction to the new coding classification system, exploring all new and revised coding conventions/guidelines, then move into in-depth discussions about common ICD-10-CM chapter-specific codes. Students spend the last half of class learning inpatient-specific topics, such as ICD-10-PCS structure, procedure code selection from the ICD-10-PCS tables, application of root operation definitions, and associated guidelines. Class will end with a discussion of how ICD-10 affects the MS-DRG payment classification system.

At the completion of this training, students will be able to:

- Describe ICD-10-CM/PCS code structures
- Explain the reasons behind the development of the ICD-10-CM/PCS code sets
- Identify the ICD-10-CM conventions, including placeholders
- Utilize proper coding guidelines for ICD-10-CM and ICD-10-PCS
- Review ICD-10-CM and ICD-10-PCS
- Identify guidelines applicable to principal diagnosis and principal procedure selection
- Identify the basic organization of the MS-DRG classification system and impacts due to ICD-10-CM/PCS
- Identify ICD-10 concepts in relation to complications and comorbidities (CC) and major complications and comorbidities (MCC)
- Assign ICD-10-CM and ICD-10-PCS for complete inpatient encounters

Advanced Data Expert

Course description TBD

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Medicaid Provider Enrollment Seminar

This training will cover Affordable Care Act topics including: enrollment and screening of providers; verification of licenses; termination, denial or reactivation of enrollment; appeal rights; site visits; criminal background and federal database checks; national provider identifiers; application fees; temporary moratorium on enrollment; and revalidation of enrollment. There will also be opportunities to share best practices, new ideas, and lessons learned, and to pose questions to colleagues.

Faculty will also provide background information on Medicare enrollment principles, NPI, and PECOS (undergoing a redesign), as that information can be useful to the states in avoiding duplication of services. The goal is to provide an opportunity to learn how to leverage Medicare tools to the states' advantage. For example, in certain circumstances, provisions of the ACA allow for state Medicaid programs to rely on Medicare enrollment and screening actions.

CMS and the National Association of Medicaid Directors (NAMd) launched an executive workgroup to focus on strengthening financial management and program integrity within the Medicaid program, including better access to Medicare provider enrollment information. These presentations also afford states an opportunity to share information with CMS faculty. The intended audience for this training will include employees who have a role in provider enrollment, including oversight of the fiscal agent, and in the termination process